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## BIB DATA SHEET

CONFIRMATION NO. 4795

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|---|---|--|---|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/813,466  | <b>FILING or 371(c) DATE</b><br>03/30/2004<br><b>RULE</b>   | <b>CLASS</b><br><del>600</del><br>702 /PH/               | <b>GROUP ART UNIT</b><br>2857   | <b>ATTORNEY DOCKET NO.</b><br>28944/40045 |   |                                |
| <b>APPLICANTS</b><br>Michel Bernard Lemistre, Livry-Gargan, FRANCE;<br>Dominique Marc Placko, Creteil, FRANCE;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/18/2004           |   |  |   |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/PHUONG HUYNH/</u><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>FRANCE   | <b>SHEETS DRAWINGS</b><br>9               | <b>TOTAL CLAIMS</b><br><del>30</del><br>27 /PH/ | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>MARSHALL, GERSTEIN & BORUN LLP<br>Thomas A. Miller<br>Sears Tower<br>233 S. Wacker Drive, Suite 6300<br>Chicago, IL 60606-6357<br>UNITED STATES   |   |  |   |   |   |                                |
| <b>TITLE</b><br>Device and method for health monitoring of an area of a structural element, and structure adapted for health monitoring of an area of a structural element of said structure  |   |  |   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1210  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |   |                                |